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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/03/2025	.	
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The Committee on Children, Families, and Elder Affairs (Bradley) recommended the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause  
and insert:

Section 1. Subsection (14) of section 393.0662, Florida Statutes, is amended to read:

393.0662 Individual budgets for delivery of home and community-based services; iBudget system established.—The Legislature finds that improved financial management of the existing home and community-based Medicaid waiver program is



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11 necessary to avoid deficits that impede the provision of  
12 services to individuals who are on the waiting list for  
13 enrollment in the program. The Legislature further finds that  
14 clients and their families should have greater flexibility to  
15 choose the services that best allow them to live in their  
16 community within the limits of an established budget. Therefore,  
17 the Legislature intends that the agency, in consultation with  
18 the Agency for Health Care Administration, shall manage the  
19 service delivery system using individual budgets as the basis  
20 for allocating the funds appropriated for the home and  
21 community-based services Medicaid waiver program among eligible  
22 enrolled clients. The service delivery system that uses  
23 individual budgets shall be called the iBudget system.

24 (14) (a) The agency, in consultation with the Agency for  
25 Health Care Administration, shall provide a quarterly  
26 reconciliation report of all home and community-based services  
27 waiver expenditures from the Agency for Health Care  
28 Administration's claims management system with service  
29 utilization from the Agency for Persons with Disabilities  
30 Allocation, Budget, and Contract Control system. The  
31 reconciliation report must be submitted to the Governor, the  
32 President of the Senate, and the Speaker of the House of  
33 Representatives no later than 30 days after the close of each  
34 quarter.

35 (b) The agency shall post its quarterly reconciliation  
36 reports on its website, in a conspicuous location, no later than  
37 5 days after submitting the reports as required in this  
38 subsection.

39 Section 2. Subsection (12) of section 393.065, Florida



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40 Statutes, is renumbered as subsection (13), paragraph (a) of  
41 subsection (1), paragraph (b) of subsection (5), and subsection  
42 (10) are amended, and a new subsection (12) is added to that  
43 section, to read:

44 393.065 Application and eligibility determination.—

45 (1) (a) The agency shall develop and implement an online  
46 application process that, at a minimum, supports paperless,  
47 electronic application submissions with immediate e-mail  
48 confirmation to each applicant to acknowledge receipt of  
49 application upon submission. The online application system must  
50 allow an applicant to review the status of a submitted  
51 application and respond to provide additional information. The  
52 online application must allow an applicant to apply for crisis  
53 enrollment.

54 (5) Except as provided in subsections (6) and (7), if a  
55 client seeking enrollment in the developmental disabilities home  
56 and community-based services Medicaid waiver program meets the  
57 level of care requirement for an intermediate care facility for  
58 individuals with intellectual disabilities pursuant to 42 C.F.R.  
59 ss. 435.217(b) (1) and 440.150, the agency must assign the client  
60 to an appropriate preenrollment category pursuant to this  
61 subsection and must provide priority to clients waiting for  
62 waiver services in the following order:

63 (b) Category 2, which includes clients in the preenrollment  
64 categories who are:

65 1. From the child welfare system with an open case in the  
66 Department of Children and Families' statewide automated child  
67 welfare information system and who are either:

68 a. Transitioning out of the child welfare system into



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69 permanency; or

70 b. At least 18 years but not yet 22 years of age and who  
71 need both waiver services and extended foster care services; or

72 2. At least 18 years but not yet 22 years of age and who  
73 withdrew consent pursuant to s. 39.6251(5)(c) to remain in the  
74 extended foster care system.

75

76 For individuals who are at least 18 years but not yet 22 years  
77 of age and who are eligible under sub-subparagraph 1.b., the  
78 agency must provide waiver services, including residential  
79 habilitation, and must actively participate in transition  
80 planning activities, including, but not limited to,  
81 individualized service coordination, case management support,  
82 and ensuring continuity of care pursuant to s. 39.6035. The  
83 community-based care lead agency must fund room and board at the  
84 rate established in s. 409.145(3) and provide case management  
85 and related services as defined in s. 409.986(3)(e). Individuals  
86 may receive both waiver services and services under s. 39.6251.  
87 Services may not duplicate services available through the  
88 Medicaid state plan.

89

90 Within preenrollment categories 3, 4, 5, 6, and 7, the agency  
91 shall prioritize clients in the order of the date that the  
92 client is determined eligible for waiver services.

93 (10) The client, the client's guardian, or the client's  
94 family must ensure that accurate, up-to-date contact information  
95 is provided to the agency at all times. Notwithstanding s.  
96 393.0651, the agency must send an annual letter requesting  
97 updated information from the client, the client's guardian, or



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98 the client's family. ~~The agency must remove from the~~  
99 ~~preenrollment categories any individual who cannot be located~~  
100 ~~using the contact information provided to the agency, fails to~~  
101 ~~meet eligibility requirements, or becomes domiciled outside the~~  
102 ~~state.~~

103 (12) To ensure transparency and timely access to  
104 information, the agency shall post on its website in a  
105 conspicuous location the total number of individuals in each  
106 priority category. The posted numbers shall reflect the current  
107 status of the preenrollment priority list and shall be updated  
108 at least every 5 days.

109 Section 3. Section 393.0664, Florida Statutes, is created  
110 to read:

111 393.0664 Adult Pathways Home and Community-based Services  
112 Medicaid waiver program.—

113 (1) PROGRAM IMPLEMENTATION.—

114 (a) The agency shall implement the Adult Pathways Home and  
115 Community-based Services Medicaid waiver program using a fee-  
116 for-service model with an annual per-person funding cap to  
117 address the needs of clients with developmental disabilities as  
118 they transition into adulthood and achieve greater independence  
119 throughout their lifetimes.

120 (b) The program is created to establish an additional  
121 pathway to provide necessary supports and services to clients  
122 and contain costs by maximizing the use of natural supports and  
123 community partnerships before turning to state resources to meet  
124 the needs of clients at the earliest possible time to prevent  
125 care crises and to positively influence outcomes relating to  
126 client health, safety, and well-being.



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127        (c) The agency, in partnership with the Agency for Health  
128 Care Administration, may seek federal approval through a state  
129 plan amendment or Medicaid waiver as necessary to implement the  
130 program. The Agency for Health Care Administration shall submit  
131 a request for any federal approval needed to implement the  
132 program by October 1, 2025.

133        (2) VOLUNTARY ENROLLMENT; ELIGIBILITY; DISENROLLMENT.-

134        (a) Participation in the program is voluntary and limited  
135 to the maximum number of enrollees authorized in the General  
136 Appropriations Act.

137        (b) The agency shall approve a needs assessment methodology  
138 to determine functional, behavioral, and physical needs of  
139 prospective enrollees. The assessment methodology may be  
140 administered only by persons who have completed any training  
141 required by the agency for such purpose. If required, the agency  
142 must offer any such training.

143        (c) To participate in the program, a client must meet all  
144 of the following criteria:

145        1. Be eligible for Medicaid.

146        2. Be eligible for a preenrollment category for Medicaid  
147 waiver services as provided in s. 393.065(5).

148        3. Be 18 to 28 years of age at the time of enrollment and  
149 have attained a high school diploma or the equivalent.

150        4. Meet the level of care required for home and community-  
151 based services as identified in the federal approval for the  
152 program.

153        (d) Enrollees may remain on the Adult Pathways waiver until  
154 the age of 32.

155        (e) Participation in the program does not affect the status



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156 of current clients of the home and community-based services  
157 Medicaid waiver program under s. 393.0662 unless a client, or  
158 his or her legal representative, voluntarily disenrolls from  
159 that program.

160 (f) Enrollees who voluntarily disenroll from the program  
161 must be allowed to return to the most appropriate preenrollment  
162 category for services under s. 393.065 based on a current needs  
163 assessment and the preenrollment category criteria.

164 (3) ADULT PATHWAYS WAIVER SERVICES.—

165 (a) The agency shall authorize covered services as  
166 specified in the Medicaid waiver which are medically necessary,  
167 including, but not limited to, any of the following:

- 168 1. Adult day training.
- 169 2. Companion services.
- 170 3. Employment services.
- 171 4. Personal supports.
- 172 5. Prevocational services.
- 173 6. Supported living coaching.
- 174 7. Transportation.
- 175 8. Care Coordination.

176 (b) Services must be provided to enrollees in accordance  
177 with an individualized care plan, which must be evaluated and  
178 updated at least annually and as often as warranted by changes  
179 in the enrollee's circumstances.

180 (4) PROGRAM ADMINISTRATION AND EVALUATION.—

181 (a) The agency shall begin enrollment upon federal approval  
182 of the Medicaid waiver, with coverage for enrollees becoming  
183 effective upon authorization and availability of sufficient  
184 state and federal funding and resources.



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185        (b) This section and any rules adopted pursuant thereto may  
186 not be construed to prevent or limit the agency, in consultation  
187 with the Agency for Health Care Administration, from adjusting  
188 fees, reimbursement rates, lengths of stay, number of visits, or  
189 number of services; limiting enrollment; or making any other  
190 adjustment necessary based upon funding and any limitations  
191 imposed or directions provided in the General Appropriations  
192 Act.

193        (c) The agency, in consultation with the Agency for Health  
194 Care Administration, shall submit progress reports to the  
195 Governor, the President of the Senate, and the Speaker of the  
196 House of Representatives upon federal approval of the Medicaid  
197 waiver and throughout implementation of the program under the  
198 waiver. By July 1, 2026, the Agency for Persons with  
199 Disabilities shall submit a progress report on the  
200 administration of the program, including, but not limited to,  
201 all of the following:

202            1. The number of enrollees in the program and other  
203 pertinent information on enrollment.

204            2. Service use.

205            3. Average cost per enrollee.

206            4. Outcomes and performance reporting relating to health,  
207 safety, and well-being of enrollees.

208        Section 4. Section 393.502, Florida Statutes, is amended to  
209 read:

210        393.502 Family care councils.—

211        (1) CREATION AND PURPOSE OF STATEWIDE FAMILY CARE COUNCIL.—

212 ~~There shall be established and located within each service area~~  
213 ~~of the agency a family care council.~~





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214       (a) The Statewide Family Care Council is established to  
215 connect local family care councils and facilitate direct  
216 communication between local councils and the agency, with the  
217 goal of enhancing the quality of and access to resources and  
218 supports for individuals with developmental disabilities and  
219 their families.

220       (b) The statewide council shall:

221       1. Review annual reports, policy proposals, and program  
222 recommendations submitted by the local family care councils.

223       2. Advise the agency on statewide policies, programs, and  
224 service delivery improvements based on the collective  
225 recommendations of the local councils.

226       3. Identify systemic barriers to the effective delivery of  
227 services and recommend solutions to address such barriers.

228       4. Foster collaboration and the sharing of best practices  
229 and available resources among local family care councils to  
230 improve service delivery across regions.

231       5. Submit an annual report no later than December 1 of each  
232 year to the Governor, the President of the Senate, the Speaker  
233 of the House of Representatives, and the agency. The report  
234 shall include a summary of local council findings, policy  
235 recommendations, and an assessment of the agency's actions in  
236 response to previous recommendations of the local councils.

237       (c) The agency shall provide a written response within 60  
238 days after receipt, including a detailed action plan outlining  
239 steps taken or planned to address recommendations. The response  
240 must specify whether recommendations will be implemented and  
241 provide a timeline for implementation or include justification  
242 if recommendations are not adopted.



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243       (2) STATEWIDE FAMILY CARE COUNCIL MEMBERSHIP.—

244       (a) The statewide council shall consist of the following  
245 members appointed by the Governor:

246       1. One representative from each of the local family care  
247 councils, who must be a resident of the area served by that  
248 local council. Among these representatives must be at least one  
249 individual who is receiving waiver services from the agency  
250 under s. 393.065 and at least one individual who is assigned to  
251 a preenrollment category for waiver services under s. 393.065.

252       2. One individual representing an advocacy organization  
253 representing individuals with disabilities.

254       3. One representative of a public or private entity that  
255 provides services to individuals with developmental disabilities  
256 that does not have a Medicaid wavier service contract with the  
257 agency.

258       (b) Employees of the agency or the Agency for Health Care  
259 Administration are not eligible to serve on the statewide  
260 council.

261       (3) STATEWIDE FAMILY CARE COUNCIL TERMS; VACANCIES.—

262       (a) Statewide council members shall be initially appointed  
263 to staggered 2 and 4 year terms, with subsequent terms of 4  
264 years. Members may be reappointed to one additional consecutive  
265 term.

266       (b) A member who has served two consecutive terms shall not  
267 be eligible to serve again until at least 12 months have elapsed  
268 since ending service on the statewide council.

269       (c) Upon expiration of a term or in the case of any other  
270 vacancy, the statewide council shall, by majority vote,  
271 recommend to the Governor for appointment at least one person



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272 for each vacancy.

273 1. The Governor shall make an appointment within 45 days  
274 after receiving a recommendation from the statewide council. If  
275 the Governor fails to make an appointment for a member under  
276 subsection (2), the chair of the local council may appoint a  
277 member meeting the requirements of subsection (2) to act as the  
278 statewide council representative for that local council until  
279 the Governor makes an appointment.

280 2. If no member of a local council is willing and able to  
281 serve on the statewide council, the Governor shall appoint an  
282 individual from another local council to serve on the statewide  
283 council.

284 (4) STATEWIDE FAMILY CARE COUNCIL MEETINGS; ORGANIZATION.—  
285 The statewide council shall meet at least quarterly. The council  
286 meetings may be held in person or via teleconference or other  
287 electronic means.

288 (a) The Governor shall appoint the initial chair from among  
289 the members of the statewide council. Subsequent chairs shall be  
290 elected annually by a majority vote of the council.

291 (b) Members of the statewide council shall serve without  
292 compensation but may be reimbursed for per diem and travel  
293 expenses pursuant to s. 112.061.

294 (c) A majority of the members of the statewide council  
295 shall constitute a quorum.

296 (5) LOCAL FAMILY CARE COUNCILS.—There is established and  
297 located within each service area of the agency a local family  
298 care council to work constructively with the agency, advise the  
299 agency on local needs, identify gaps in services, and advocate  
300 for individuals with developmental disabilities and their



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301 families.

302 (6) LOCAL FAMILY CARE COUNCIL DUTIES.—The local family care  
303 councils shall:

304 (a) Assist in providing information and conducting outreach  
305 to individuals with developmental disabilities and their  
306 families.

307 (b) Convene family listening sessions at least twice a year  
308 to gather input on local service delivery challenges.

309 (c) Hold a public forum every 6 months to solicit public  
310 feedback concerning actions taken by the local family councils.

311 (d) Share information with other local family care  
312 councils.

313 (e) Identify policy issues relevant to the community and  
314 family support system in the region.

315 (f) Submit to the Statewide Family Care Council, no later  
316 than September 1 of each year, an annual report detailing  
317 proposed policy changes, program recommendations, and identified  
318 service delivery challenges within its region.

319 (7)~~(2)~~ LOCAL FAMILY CARE COUNCIL MEMBERSHIP.—

320 (a) Each local family care council shall consist of at  
321 least 10 and no more than 15 members recommended by a majority  
322 vote of the local family care council and appointed by the  
323 Governor.

324 (b) At least three of the members of the council shall be  
325 individuals receiving or waiting to receive services from the  
326 agency. One such member shall be an individual who has been  
327 receiving services within the 4 years before the date of  
328 recommendation. The remainder of the council members shall be  
329 parents, grandparents, guardians, or siblings of individuals who



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330 have developmental disabilities and qualify for services  
331 pursuant to this chapter. For a grandparent to be a council  
332 member, the grandchild's parent or legal guardian must consent  
333 to the appointment and report the consent to the agency.

334 (c) A person who is currently serving on another board or  
335 council of the agency may not be appointed to a local family  
336 care council.

337 (d) Employees of the agency or the Agency for Health Care  
338 Administration are not eligible to serve on a local family care  
339 council.

340 (e) Persons related by consanguinity or affinity within the  
341 third degree shall not serve on the same local family care  
342 council at the same time.

343 (f) A chair for the council shall be chosen by the council  
344 members to serve for 1 year. A person may not serve ~~no~~ more than  
345 four 1-year terms as chair.

346 (8)-(3) LOCAL FAMILY CARE COUNCIL TERMS; VACANCIES.-

347 (a) Local family council members shall be appointed for a  
348 3-year terms ~~term~~, except as provided in subsection (11) ~~(8)~~,  
349 and may be reappointed to one additional term.

350 (b) A member who has served two consecutive terms shall not  
351 be eligible to serve again until 12 months have elapsed since  
352 ending his or her service on the local council.

353 (c) 1. Upon expiration of a term or in the case of any other  
354 vacancy, the local council shall, by majority vote, recommend to  
355 the Governor for appointment a person for each vacancy based on  
356 recommendations received from the family-led nominating  
357 committee described in paragraph (9) (a).

358 2. The Governor shall make an appointment within 45 days



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359 after receiving a recommendation. If the Governor fails to make  
360 an appointment within 45 days the local council shall, by  
361 majority vote, may select an interim appointment for each  
362 vacancy from the panel of candidates recommended by the family-  
363 led nominating committee.

364 (9)(4) LOCAL FAMILY CARE COUNCIL COMMITTEE APPOINTMENTS.—

365 (a) The chair of each local family care council shall  
366 create, and appoint individuals receiving or waiting to receive  
367 services from the agency and their relatives, to serve on a  
368 family-led nominating committee. Members of the family-led  
369 nominating council need not be members of the local council. The  
370 family-led nominating committee shall nominate candidates for  
371 vacant positions on the local family council.

372 (b) The chair of the local family care council may appoint  
373 persons to serve on additional council committees. Such persons  
374 may include current members of the council and former members of  
375 the council and persons not eligible to serve on the council.

376 ~~(5) TRAINING.—~~

377 ~~(a) The agency, in consultation with the local councils,~~  
378 ~~shall establish a training program for local family care council~~  
379 ~~members. Each local area shall provide the training program when~~  
380 ~~new persons are appointed to the local council and at other~~  
381 ~~times as the secretary deems necessary.~~

382 ~~(b) The training shall assist the council members to~~  
383 ~~understand the laws, rules, and policies applicable to their~~  
384 ~~duties and responsibilities.~~

385 ~~(c) All persons appointed to a local council must complete~~  
386 ~~this training within 90 days after their appointment. A person~~  
387 ~~who fails to meet this requirement shall be considered to have~~



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388 ~~resigned from the council.~~

389       (10)(6) LOCAL FAMILY CARE COUNCIL MEETINGS.—Local council  
390 members shall serve on a voluntary basis without payment for  
391 their services but shall be reimbursed for per diem and travel  
392 expenses as provided for in s. 112.061. Local councils ~~The~~  
393 ~~council~~ shall meet at least six times per year. Meetings may be  
394 held in person or by teleconference or other electronic means.

395       ~~(7) PURPOSE.~~—~~The purpose of the local family care councils~~  
396 ~~shall be to advise the agency, to develop a plan for the~~  
397 ~~delivery of family support services within the local area, and~~  
398 ~~to monitor the implementation and effectiveness of services and~~  
399 ~~support provided under the plan. The primary functions of the~~  
400 ~~local family care councils shall be to:~~

401           ~~(a) Assist in providing information and outreach to~~  
402 ~~families.~~

403           ~~(b) Review the effectiveness of service programs and make~~  
404 ~~recommendations with respect to program implementation.~~

405           ~~(c) Advise the agency with respect to policy issues~~  
406 ~~relevant to the community and family support system in the local~~  
407 ~~area.~~

408           ~~(d) Meet and share information with other local family care~~  
409 ~~councils.~~

410       (11)(8) NEW LOCAL FAMILY CARE COUNCILS.—When a local family  
411 care council is established for the first time in a local area,  
412 the Governor shall appoint the first four council members, who  
413 shall serve 3-year terms. These members shall submit to the  
414 Governor, within 90 days after their appointment,  
415 recommendations for at least six additional members, selected by  
416 majority vote.



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417        (12)(9) FUNDING; FINANCIAL REVIEW.—The statewide and local  
418 family care councils ~~council~~ may apply for, receive, and accept  
419 grants, gifts, donations, bequests, and other payments from any  
420 public or private entity or person. Each local council is  
421 subject to an annual financial review by staff assigned by the  
422 agency. Each local council shall exercise care and prudence in  
423 the expenditure of funds. The local family care councils shall  
424 comply with state expenditure requirements.

425        (13) TRAINING.—

426        (a) The agency, in consultation with the statewide and  
427 local councils, shall establish and provide a training program  
428 for council members.

429        (b) The training shall assist the council members to  
430 understand the laws, rules, and policies applicable to their  
431 duties and responsibilities.

432        (c) All persons newly appointed to the statewide or a local  
433 council must complete this training within 90 days after their  
434 appointment. A person who fails to meet this requirement is  
435 considered to have resigned from the council. The agency may  
436 make additional training available to council members.

437        (14) DUTIES.—The agency shall publish on its website all  
438 annual reports submitted by the local care councils and the  
439 Statewide Family Care Council within 15 days after receipt of  
440 such reports in a designated and easily accessible section of  
441 the website.

442        (15) ADMINISTRATIVE SUPPORT.—The agency shall provide  
443 administrative support to the statewide council and local  
444 councils, including, but not limited to, staff assistance and  
445 meeting facilities, within existing resources.





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446 Section 5. Subsections (1), (2), (3), and (6) of section  
447 409.9855, Florida Statutes, are amended to read:

448 409.9855 Pilot program for individuals with developmental  
449 disabilities.—

450 (1) PILOT PROGRAM IMPLEMENTATION.—

451 (a) ~~Using a managed care model,~~ The agency shall implement  
452 a pilot program for individuals with developmental disabilities  
453 ~~in Statewide Medicaid Managed Care Regions D and I~~ to provide  
454 coverage of comprehensive services using a managed care model.  
455 The agency may seek federal approval through a state plan  
456 amendment or Medicaid waiver as necessary to implement the pilot  
457 program.

458 (b) The agency shall administer the pilot program pursuant  
459 to s. 409.903 and as a component of the Statewide Medicaid  
460 Managed Care model established by this section. Unless otherwise  
461 specified, ss. 409.961-409.969 apply to the pilot program. The  
462 agency may seek federal approval through a state plan amendment  
463 or Medicaid waiver as necessary to implement the pilot program.  
464 ~~The agency shall submit a request for any federal approval~~  
465 ~~needed to implement the pilot program by September 1, 2023.~~

466 (c) ~~Pursuant to s. 409.963, the agency shall administer the~~  
467 ~~pilot program in consultation with the Agency for Persons with~~  
468 ~~Disabilities.~~

469 (c) ~~(d)~~ The agency shall make capitated payments to managed  
470 care organizations for comprehensive coverage, including managed  
471 medical assistance benefits and long-term care under this part  
472 and community-based services described in s. 393.066(3) ~~and~~  
473 ~~approved through the state's home and community-based services~~  
474 ~~Medicaid waiver program for individuals with developmental~~



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475 ~~disabilities. Unless otherwise specified, ss. 409.961-409.969~~  
476 ~~apply to the pilot program.~~

477 ~~(c) The agency shall evaluate the feasibility of statewide~~  
478 ~~implementation of the capitated managed care model used by the~~  
479 ~~pilot program to serve individuals with developmental~~  
480 ~~disabilities.~~

481 (2) ELIGIBILITY; VOLUNTARY ENROLLMENT; DISENROLLMENT.-

482 (a) Participation in the pilot program is voluntary and  
483 limited to the maximum number of enrollees specified in the  
484 General Appropriations Act.

485 (b) To be eligible for enrollment in the pilot program, an  
486 individual must:

487 ~~(b) The Agency for Persons with Disabilities shall approve~~  
488 ~~a needs assessment methodology to determine functional,~~  
489 ~~behavioral, and physical needs of prospective enrollees. The~~  
490 ~~assessment methodology may be administered by persons who have~~  
491 ~~completed such training as may be offered by the agency.~~  
492 ~~Eligibility to participate in the pilot program is determined~~  
493 ~~based on all of the following criteria:~~

494 1. Be Medicaid eligible.

495 ~~1. Whether the individual is eligible for Medicaid.~~

496 2. Be whether the individual is 18 years of age or older.

497 3. Have a developmental disability as defined in s. 393.063.

498 4. Be placed in any preenrollment category for individual  
499 budget waiver services under chapter 393 and reside in Statewide  
500 Medicaid Managed Care Regions D or I; effective October 1, 2025,  
501 be placed in any preenrollment category for individual budget  
502 waiver services under chapter 393 regardless of region; or,  
503 effective July 1, 2026, be enrolled in the individual budget



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504 waiver services program under chapter 393 or in the long-term  
505 care managed care program under this part regardless of region  
506 and is on the waiting list for individual budget waiver services  
507 under chapter 393 and assigned to one of categories 1 through 6  
508 as specified in s. 393.065(5).

509 ~~3. Whether the individual resides in a pilot program~~  
510 ~~region.~~

511 (c) The agency shall enroll individuals in the pilot  
512 program based on verification that the individual has met the  
513 criteria in paragraph (b).

514 1. The Agency for Persons with Disabilities shall transmit  
515 to the agency weekly data files of clients enrolled in the  
516 Medicaid home and community-based services waiver program under  
517 chapter 393 and clients in preenrollment categories pursuant to  
518 s. 393.065. The agency shall maintain a record of individuals  
519 with developmental disabilities who may be eligible for the  
520 pilot program using this data, Medicaid enrollment data  
521 transmitted by the Department of Children and Families, and any  
522 available collateral data.

523 2. The agency shall determine and administer the process  
524 for enrollment. A needs assessment conducted by the Agency for  
525 Persons with Disabilities is not required for enrollment. The  
526 agency shall notify individuals with developmental disabilities  
527 of the opportunity to voluntarily enroll in the pilot program  
528 and explain the benefits available through the pilot program,  
529 the process for enrollment, and the procedures for  
530 disenrollment, including the requirement for continued coverage  
531 after disenrollment pursuant to paragraph (d).

532 3. The agency shall provide a call center staffed by agents



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533 trained to assist individuals with developmental disabilities  
534 and their families in learning about and enrolling in the pilot  
535 program.

536 4. The agency shall coordinate with the Department of  
537 Children and Families and the Agency for Persons with  
538 Disabilities to develop partnerships with community-based  
539 organizations to disseminate information about the pilot program  
540 to providers of covered services and potential enrollees.

541 (d) Notwithstanding any provisions of s. 393.065 to the  
542 contrary, an enrollee must be afforded an opportunity to enroll  
543 in any appropriate existing Medicaid waiver program if any of  
544 the following conditions occur:

545 1. At any point during the operation of the pilot program,  
546 an enrollee declares an intent to voluntarily disenroll,  
547 provided that he or she has been covered for the entire previous  
548 plan year by the pilot program.

549 2. The agency determines the enrollee has a good cause  
550 reason to disenroll.

551 3. The pilot program ceases to operate.

552  
553 Such enrollees must receive an individualized transition plan to  
554 assist him or her in accessing sufficient services and supports  
555 for the enrollee's safety, well-being, and continuity of care.

556 (3) PILOT PROGRAM BENEFITS.—

557 (a) Plans participating in the pilot program must, at a  
558 minimum, cover the following:

559 1. All benefits included in s. 409.973.

560 2. All benefits included in s. 409.98.

561 3. All benefits included in s. 393.066(3).



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562 4. Any additional benefits negotiated by the agency  
563 pursuant to paragraph (4) (b), and all of the following:

- 564 ~~a. Adult day training.~~
- 565 ~~b. Behavior analysis services.~~
- 566 ~~c. Behavior assistant services.~~
- 567 ~~d. Companion services.~~
- 568 ~~e. Consumable medical supplies.~~
- 569 ~~f. Dietitian services.~~
- 570 ~~g. Durable medical equipment and supplies.~~
- 571 ~~h. Environmental accessibility adaptations.~~
- 572 ~~i. Occupational therapy.~~
- 573 ~~j. Personal emergency response systems.~~
- 574 ~~k. Personal supports.~~
- 575 ~~l. Physical therapy.~~
- 576 ~~m. Prevocational services.~~
- 577 ~~n. Private duty nursing.~~
- 578 ~~o. Residential habilitation, including the following~~  
579 ~~levels:~~
- 580 ~~(I) Standard level.~~
- 581 ~~(II) Behavior-focused level.~~
- 582 ~~(III) Intensive behavior level.~~
- 583 ~~(IV) Enhanced intensive behavior level.~~
- 584 ~~p. Residential nursing services.~~
- 585 ~~q. Respiratory therapy.~~
- 586 ~~r. Respite care.~~
- 587 ~~s. Skilled nursing.~~
- 588 ~~t. Specialized medical home care.~~
- 589 ~~u. Specialized mental health counseling.~~
- 590 ~~v. Speech therapy.~~



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- 591 ~~w. Support coordination.~~
- 592 ~~x. Supported employment.~~
- 593 ~~y. Supported living coaching.~~
- 594 ~~z. Transportation.~~

595 (b) All providers of the benefits services listed under  
596 paragraph (a) must meet the provider qualifications established  
597 by the agency for the Medicaid long-term care managed care  
598 program under this section. If no such qualifications apply to a  
599 specific benefit or provider type, the provider must meet the  
600 provider qualifications established by the Agency for Persons  
601 with Disabilities for the individual budget waiver services  
602 program under chapter 393 outlined in the Florida Medicaid  
603 Developmental Disabilities Individual Budgeting Waiver Services  
604 Coverage and Limitations Handbook as adopted by reference in  
605 rule 59C-13.070, Florida Administrative Code.

606 (c) Support coordination services must maximize the use of  
607 natural supports and community partnerships.

608 (d) The plans participating in the pilot program must  
609 provide all categories of benefits through a single, integrated  
610 model of care.

611 (e) Participating plans must provide benefits services must  
612 be provided to enrollees in accordance with an individualized  
613 care plan which is evaluated and updated at least quarterly and  
614 as warranted by changes in an enrollee's circumstances.  
615 Participating plans must conduct an individualized assessment of  
616 each enrollee within 5 days after enrollment to determine the  
617 enrollee's functional, behavioral, and physical needs. The  
618 assessment method or instrument must be approved by the agency.

619 (f) Participating plans must offer a consumer-directed



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620 services option in accordance with s. 409.221.

621 (6) PROGRAM IMPLEMENTATION AND EVALUATION.—

622 (a) The agency shall conduct monitoring and evaluations and  
623 require corrective actions or payment of penalties as may be  
624 necessary to secure compliance with contractual requirements,  
625 consistent with its obligations under this section, including,  
626 but not limited to, compliance with provider network standards,  
627 financial accountability, performance standards, health care  
628 quality improvement systems, and program integrity select  
629 participating plans and begin enrollment no later than January  
630 31, 2024, with coverage for enrollees becoming effective upon  
631 authorization and availability of sufficient state and federal  
632 resources.

633 ~~(b) Upon implementation of the program, the agency, in~~  
634 ~~consultation with the Agency for Persons with Disabilities,~~  
635 ~~shall conduct audits of the selected plans' implementation of~~  
636 ~~person-centered planning.~~

637 ~~(b)(c)~~ The agency, ~~in consultation with the Agency for~~  
638 ~~Persons with Disabilities,~~ shall submit progress reports to the  
639 Governor, the President of the Senate, and the Speaker of the  
640 House of Representatives upon the federal approval,  
641 implementation, and operation of the pilot program, as follows:

642 1. By August 30, 2025 ~~December 31, 2023~~, a status report on  
643 progress made toward federal approval of the waiver or waiver  
644 amendment needed to implement the pilot program.

645 2. By December 31, 2025 ~~2024~~, a status report on  
646 implementation of the pilot program.

647 3. By December 31, 2025, and annually thereafter, a status  
648 report on the operation of the pilot program, including, but not



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649 limited to, all of the following:

650 a. Program enrollment, including the number and  
651 demographics of enrollees.

652 b. Any complaints received.

653 c. Access to approved services.

654 ~~(c)(d)~~ The agency, ~~in consultation with the Agency for~~  
655 ~~Persons with Disabilities,~~ shall establish specific measures of  
656 access, quality, and costs of the pilot program. The agency may  
657 contract with an independent evaluator to conduct such  
658 evaluation. The evaluation must include assessments of cost  
659 savings; consumer education, choice, and access to services;  
660 plans for future capacity and the enrollment of new Medicaid  
661 providers; coordination of care; person-centered planning and  
662 person-centered well-being outcomes; health and quality-of-life  
663 outcomes; and quality of care by each eligibility category and  
664 managed care plan in each pilot program site. The evaluation  
665 must describe any administrative or legal barriers to the  
666 implementation and operation of the pilot program in each  
667 region.

668 1. The agency, ~~in consultation with the Agency for Persons~~  
669 ~~with Disabilities,~~ shall conduct quality assurance monitoring of  
670 the pilot program to include client satisfaction with services,  
671 client health and safety outcomes, client well-being outcomes,  
672 and service delivery in accordance with the client's care plan.

673 2. The agency shall submit the results of the evaluation to  
674 the Governor, the President of the Senate, and the Speaker of  
675 the House of Representatives by October 1, 2029.

676 Section 6. This act shall take effect July 1, 2025.

677





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678 ===== T I T L E A M E N D M E N T =====

679 And the title is amended as follows:

680 Delete everything before the enacting clause

681 and insert:

682 A bill to be entitled

683 An act relating to services for individuals with  
684 developmental disabilities; amending s. 393.0662,  
685 F.S.; requiring the Agency for Persons with  
686 Disabilities to post its quarterly reconciliation  
687 reports on its website within a specified timeframe;  
688 amending s. 393.065, F.S.; providing a requirement for  
689 the online application system to allow an applicant to  
690 apply for crisis enrollment; removing a requirement  
691 for the agency to remove certain individuals from the  
692 preenrollment categories under certain circumstances;  
693 requiring the agency to participate in transition  
694 planning activities and to post the total number of  
695 individuals in each priority category on its website;  
696 creating s. 393.0664, F.S.; requiring the agency to  
697 implement a specified Medicaid waiver program to  
698 address the needs of certain clients; providing the  
699 purpose of the program; authorizing the agency, in  
700 partnership with the Agency for Health Care  
701 Administration, to seek federal approval through a  
702 state plan amendment or Medicaid waiver to implement  
703 the program by a specified date; providing voluntary  
704 enrollment, eligibility, and disenrollment  
705 requirements; requiring the agency to approve a needs  
706 assessment methodology; providing that only persons



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707 trained by the agency may administer the methodology;  
708 requiring the agency to offer such training; requiring  
709 the agency to authorize certain covered services  
710 specified in the Medicaid waiver; providing  
711 requirements for such services; requiring the agency  
712 to begin enrollment in the program upon federal  
713 approval; providing construction; requiring the  
714 agency, in consultation with the Agency for Health  
715 Care Administration, to submit progress reports to the  
716 Governor and the Legislature upon federal approval and  
717 throughout implementation of the program; requiring  
718 the agency to submit, by a specified date, a progress  
719 report on the administration of the program;  
720 specifying requirements for the report; amending s.  
721 393.502, F.S.; establishing the Statewide Family Care  
722 Council; providing for the purpose, membership, and  
723 duties of the council; requiring local family care  
724 councils to report to the statewide council policy  
725 changes and program recommendations in an annual  
726 report; providing for appointment of council members;  
727 providing for the creation of family-led nominating  
728 committees; providing duties of the agency relating to  
729 the statewide council and local councils; amending s.  
730 409.9855, F.S.; revising implementation and  
731 eligibility requirements of the pilot program for  
732 individuals with developmental disabilities; requiring  
733 the Agency for Persons with Disabilities to transmit  
734 to the Agency for Health Care Administration weekly  
735 data files of specified clients; requiring the Agency



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736 for Health Care Administration to provide a call  
737 center for specified purposes and to coordinate with  
738 the Department of Children and Families and the Agency  
739 for Persons with Disabilities to disseminate  
740 information about the pilot program; revising pilot  
741 program benefits; revising provider qualifications;  
742 requiring participating plans to conduct an  
743 individualized assessment of each enrollee within a  
744 specified timeframe for certain purposes and to offer  
745 certain services to such enrollees; requiring the  
746 Agency for Health Care Administration to conduct  
747 monitoring and evaluations and require corrective  
748 actions or payment of penalties under certain  
749 circumstances; removing coordination requirements for  
750 the agency when submitting certain reports,  
751 establishing specified measures, and conducting  
752 quality assurance monitoring of the pilot program;  
753 revising dates for submitting certain status reports;  
754 providing an effective date.